



Medicaid Renewal Form

Return the form or call us by:

Use this form to renew children's LaCHIP/Medicaid coverage. You may renew by mail or phone. If you **do not** renew, their medical coverage **will** end. After we hear from you, we will let you know if they still qualify.

How to Renew by Mail

1. Fill out and sign this form.
2. Get the documents of proof. See page 7 of this renewal form for a list of things you may need to send us.
3. Mail, fax, or drop off the form and documents of proof to us. We will give you extra time to get the proofs if you need it.

How to Renew by Phone

1. Call your worker or **1-877-252-2447**, our 24 hour toll free renewal line.
2. Get the documents of proof. See page 7 of this renewal form for a list of things you may need to send us.
3. Mail, fax, or drop off the documents of proof to us. We will give you extra time to get the proofs if you need it.

What language do you speak best? ☐ English ☐ Spanish ☐ Vietnamese ☐ Other _____
What language do you write best? ☐ English ☐ Spanish ☐ Vietnamese ☐ Other _____

1. Tell us about you (the children's legal/natural parent or caregiver).

Name (first, middle initial, last) _____ ☐ Male ☐ Female

Social Security Number _____ Date of Birth (month, day, year) _____

Race/Ethnic Background (you do not have to answer; mark one or more): ☐ White ☐ Black ☐ Asian
☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Hispanic or Latino

2. Tell us how to reach you.

Mailing Address _____ Apt/Lot _____

City _____ State _____ Zip _____

Home Address (if different) _____

City _____ State _____ Zip _____

Parish Where You Live _____ Home Phone (_____) _____

Cell Phone (_____) _____ Daytime Phone (_____) _____

If you have questions or need help with this form, call your worker or 1-888-342-6207. If you are deaf or hard of hearing and have a TTY text telephone call 1-800-220-5404. THESE CALLS ARE FREE.

E-mail Address _____

Best Day and/or Time to Call Between 7 a.m. and 5 p.m. _____

3. Tell us about the children's other legal/natural parent who lives with you.

☐ No Other Parent– Go to Question 4

Name (first, middle initial, last) _____ ☐ Male ☐ Female

Social Security Number _____ Date of Birth (month, day, year) _____

Relationship to You: ☐ Husband ☐ Wife ☐ Friend ☐ Other (tell us): _____

Race/Ethnic Background (you do not have to answer, mark one or more): ☐ White ☐ Black ☐ Asian

☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Hispanic or Latino

4. Tell us about all children under age 19 who live with you.

If more space is needed, use a separate sheet of paper.

A. Name (first, middle initial, last) _____ ☐ Male ☐ Female

Social Security Number _____ Date of Birth (month, day, year) _____

Relationship to You: ☐ Child ☐ Stepchild ☐ Grandchild ☐ Other (tell us): _____

Race/Ethnic Background (you do not have to answer, mark one or more): ☐ White ☐ Black ☐ Asian

☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Hispanic or Latino

Does this child get LaCHIP/Medicaid? ☐ Yes – Answer the next questions ☐ No – Go to **B**.

Place of Birth: City _____ Parish/County _____

State _____ Country _____

Mother's Name (first, middle initial, last) _____

Mother's Maiden Name _____

Is this child a U.S. citizen? ☐ Yes – Go to Question **B** ☐ No – Answer next questions

When did they come to the U.S.? _____ Are they a permanent resident? ☐ Yes ☐ No

If yes, what is their Permanent Resident Card Number (green card) #A _____

B. Name (first, middle initial, last) _____ ☐ Male ☐ Female

Social Security Number _____ Date of Birth (month, day, year) _____

Relationship to You: ☐ Child ☐ Stepchild ☐ Grandchild ☐ Other (tell us): _____

Race/Ethnic Background (you do not have to answer, mark one or more): ☐ White ☐ Black ☐ Asian

☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Hispanic or Latino

Does this child get LaCHIP/Medicaid? ☐ Yes – Answer the next questions ☐ No – Go to **C**.

Place of Birth: City _____ Parish/County _____

State _____ Country _____

Mother's Name (first, middle initial, last) _____

Mother's Maiden Name _____

Is this child a U.S. citizen? ☐ Yes – Go to Question **C** ☐ No – Answer next questions

When did they come to the U.S.? _____ Are they a permanent resident? ☐ Yes ☐ No

If yes, what is their Permanent Resident Card Number (green card) #A _____

C. Name (first, middle initial, last) _____ ☐ Male ☐ Female
Social Security Number _____ Date of Birth (month, day, year) _____
Relationship to You: ☐ Child ☐ Stepchild ☐ Grandchild ☐ Other (tell us): _____

Race/Ethnic Background (you do not have to answer, mark one or more): ☐ White ☐ Black ☐ Asian
☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Hispanic or Latino

Does this child get LaCHIP/Medicaid? ☐ Yes – Answer the next questions ☐ No – Go to D.

Place of Birth: City _____ Parish/County _____
State _____ Country _____

Mother's Name (first, middle initial, last) _____

Mother's Maiden Name _____

Is this child a U.S. citizen? ☐ Yes – Go to Question D ☐ No – Answer next questions

When did they come to the U.S.? _____ Are they a permanent resident? ☐ Yes ☐ No

If yes, what is their Permanent Resident Card Number (green card) #A _____

D. Name (first, middle initial, last) _____ ☐ Male ☐ Female
Social Security Number _____ Date of Birth (month, day, year) _____
Relationship to You: ☐ Child ☐ Stepchild ☐ Grandchild ☐ Other (tell us): _____

Race/Ethnic Background (you do not have to answer, mark one or more): ☐ White ☐ Black ☐ Asian
☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Hispanic or Latino

Does this child get LaCHIP/Medicaid? ☐ Yes – Answer the next questions ☐ No – Go to Question 5.

Place of Birth: City _____ Parish/County _____
State _____ Country _____

Mother's Name (first, middle initial, last) _____

Mother's Maiden Name _____

Is this child a U.S. citizen? ☐ Yes – Go to Question 5 ☐ No – Answer next questions

When did they come to the U.S.? _____ Are they a permanent resident? ☐ Yes ☐ No

If yes, what is their Permanent Resident Card Number (green card) #A _____

5. If anyone who gets LaCHIP/Medicaid is pregnant, tell us about the pregnancy.

☐ No Pregnancy - Go to Question 6

Who? _____ Best guess of the due date: _____

Is more than one baby expected? ☐ Yes ☐ No

6. If any child has both LaCHIP/Medicaid and private health insurance, answer the questions below. ☐ No Insurance - Go to Question 7

Tell us the names of the children who are covered. _____

Policyholder's Name _____ Coverage Start Date _____

Insurance Company Name and Phone Number _____

Insurance Company Address _____

Policy Number _____ Group Number _____

What does the policy cover? ☐ Hospital ☐ Doctor ☐ Medicine ☐ Dental ☐ Ambulance ☐ Pregnancy

Is the insurance through a job? ☐ Yes ☐ No If yes, how much does it cost every month? _____

→ If insurance is through a job, Medicaid may be able to help pay the premiums through the LaHIPP program. Call 1-866-362-5253 or visit www.LaHIPP.DHH.Louisiana.gov for more information.

7. Did private insurance end for any child in the past 12 months? ☐ Yes – Fill Out Below
☐ No – Go to Question 8

Tell us who no longer has insurance. _____

Date Insurance Ended _____ Insurance Company _____

Policy Number _____ Group Number _____

8. If any child does not have private health insurance, could they get it under someone else's policy? ☐ Yes – Fill Out Below ☐ No – Go to Question 9

Tell us under whose policy. _____ Their Phone Number (____) _____

9. Is anyone working? ☐ Yes – Fill Out Below ☐ No – Go to Question 10

Grandparents and other non-parent caregivers do not have to give this information about themselves.

Who is working?	Employer's Name	How much is paid (show gross, not take home pay)? \$ _____	How often? <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly	Is health insurance offered through job? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer's Phone Number			
	<input type="checkbox"/> Self-employed			
Who is working?	Employer's Name	How much is paid (show gross, not take home pay)? \$ _____	How often? <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly	Is health insurance offered through job? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer's Phone Number			
	<input type="checkbox"/> Self-employed			

10. Is anyone getting income (money) from:

• Child Support (give name of child it is for) • Money from Friends/Relatives • Social Security
• SSI • Unemployment • Worker's Comp • Alimony • Something else (tell us)

☐ Yes – Fill Out Spaces on the Next Page ☐ No – Go to Question 11

Grandparents and other non-parent caregivers do not have to give this information about themselves, only about money received for children.

Who gets it?	What is it?	How much is received? \$ _____	How often? <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly
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Who gets it?	What is it?	How much is received? \$ _____	How often? <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly
Who gets it?	What is it?	How much is received? \$ _____	How often? <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly
Who gets it?	What is it?	How much is received? \$ _____	How often? <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly

11. Has anyone applied for income such as Social Security, but it has not been received yet?

☐ Yes – Fill Out Below ☐ No – Go to Question 12

Who? _____ What is it? _____

12. Does anyone pay for child care or for the care of an adult who has a disability in order to work or get training? ☐ Yes – Fill Out Below ☐ No – Go to Question 13

Name of Child(ren) or Adult Who Gets Care _____

Who pays for the care? _____

How much is paid? _____ How often paid? _____

Is help received with paying it from anyone or another program? ☐ Yes ☐ No How much? _____

Name of Day Care Center or Caregiver _____

Day Care Center or Caregiver's Address _____

City _____ Phone Number (_____) _____

13. Does anyone who lives in the home pay court ordered child support or alimony?

☐ Yes – Fill Out Below ☐ No – Go to Question 14

Name of Person Who Pays It _____

How much is paid? _____ How often paid? _____

14. If any child needs a new LaChip/Medicaid card, tell us who. _____

☐ No child needs a new card – Sign on the next page.

This is the end of the form. You must sign the form on the next page.

YOUR RIGHTS AND RESPONSIBILITIES

WHAT MEDICAID HAS THE RIGHT TO EXPECT OF YOU

CITIZENSHIP AND IMMIGRATION STATUS: You state that the information about citizenship and immigration status given on this renewal form is true and correct.

REPORTING THE TRUTH: You state that the information you give on the renewal form is true and correct. You understand if you on purpose give information that is not true OR if you on purpose do not tell information that you are supposed to, you and/or the person(s) applying may get health benefits that you or they should not get. If that happens, you can by law be punished for fraud. Also, you may have to pay money back to Medicaid for the bills it paid by mistake.

VERIFICATION OF INFORMATION: You understand that the information you give about you and/or the person(s) applying will be checked. You agree to help do that and let Medicaid get information it needs from government agencies, employers, medical providers, and others.

SOCIAL SECURITY NUMBERS: You understand Social Security numbers will only be used to get information from other government agencies to make a decision on eligibility for you and/or the person(s) applying for Medicaid.

PAYMENT OF MEDICAL CARE BY A THIRD PARTY: You understand by accepting Medicaid, the Department has the right to get money received by you and/or the person(s) applying from other sources like insurance payments or lawsuit settlements for services that Medicaid has paid for you and/or the person(s) applying.

REPORTING CHANGES: You agree to tell Medicaid within 10 days of these changes: 1) if anyone getting Medicaid moves out of state; 2) changes in mailing or home address; and 3) changes in health insurance and premiums.

CHILD SUPPORT ENFORCEMENT: You understand that Medicaid will only send case information to Child Support Enforcement for medical support if you ask them to. We will make a referral if the parent(s) gets Medicaid unless Medicaid determines you have good cause not to cooperate with Support Enforcement.

WHAT YOU HAVE THE RIGHT TO EXPECT FROM MEDICAID

RIGHT TO A FAIR HEARING: You understand that you can ask for a Fair Hearing if you think any decision made on the case is unfair, incorrect, or made too late.

NO DISCRIMINATION: You understand Medicaid cannot treat you differently because of race, color, sex, age, disability, religion, nationality, or political belief. If you think it has, you can call the U.S. DHHS Regional Office for Civil Rights in Dallas, TX at 1-800-368-1019 or write to Louisiana's Department of Health & Hospitals, Human Resources at P. O. Box 4818 Baton Rouge, LA 70821-4818.

OTHER SERVICES: You understand that information about WIC, KIDMED, and other Medicaid services will be sent to the persons that are eligible for Medicaid.



Sign Your Name Here: _____ **Date** _____

If someone from Medicaid filled out this application for you, they will sign below.

_____ **Date** _____

Comments from You or Medicaid Staff:

Person Making Comments Signs Here: _____ **Date** _____

SEND US THESE THINGS:

Some of these things will not apply to you, your spouse, and the children who receive LaCHIP/Medicaid. If you are unable to get some of these things, let us know, because we may be able to help you get them.

Copies of health insurance cards (front and back) for the children who get LaCHIP/Medicaid <i>if insurance is new or has changed within the last 12 months.</i>
Pay stubs or letter from an employer showing last month's gross pay (before taxes). If self-employed, send copies of tax return and all schedule attachments - for applicants and applicants' parents (legal or natural). <i>Grandparents and other non-parent caregivers do not have to send this information about themselves.</i>
Proof of gross income (before taxes) from Veteran's Benefits, worker's comp, alimony, and any other income that is not from working. Proof could be award letters and 1099 tax statements from the last tax year - for applicant and applicants' parents. <i>Grandparents and other non-parent caregivers do not have to send this information about themselves; send children's income only.</i>
Statement from friends or relatives who give money to children's parents or caregivers
Proof of payments made for child or adult day care.
Court order and proof of alimony or child support payments made to persons outside the home. <i>If it is paid through Louisiana Support Enforcement Services (SES), you do not have to send proof – let us know.</i>

✓ Before you send this renewal form, please check the following:

- ☐ I answered all questions and filled out all parts of the renewal form.
- ☐ I signed and dated the renewal form.
- ☐ I am sending all needed proofs listed on this page that apply to my situation. ***You do not have to send all proofs when you send the renewal form. Let us know if you need extra time.***

Department of Health and Hospitals
Voter Registration Declaration (Optional)

If you fill it out, your answers will not affect the benefits you get from the
Louisiana Department of Health and Hospitals.

If you are not registered to vote where you live now, would you like to apply to register to vote here today? ☐ Yes ☐ No

- If you checked "Yes," please complete the attached form called the "Louisiana Mail Voter Registration Application." You may mail your completed Voter Registration Application to your local Registrar of Voters listed on the application or mail it to the Department of Health and Hospitals.
- **IF YOU DO NOT CHECK EITHER BOX YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help in filling out the voter registration application form, we will help you. **You may call us toll-free at 1-888-342-6207.** The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you choose to register to vote at this time, the information about the location where you completed the application to register will remain confidential and will only be used for voter registration purposes. If you choose not to register to vote, that information will also be kept confidential.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

Louisiana Secretary of State
Commissioner of Elections
P.O. Box 94125
Baton Rouge, LA 70804-9125
Phone: (toll-free) 1-800-883-2805

Print Your Name

Social Security Number

Date of Birth

Sign Your Name

Today's Date

ACADIA

Courthouse #115
Crowley, LA 70526-4363
(337) 788-8841
ALLEN
P. O. Box 150
Oberlin, LA 70655-0150
(337) 639-4966
ASCENSION
828 S. Irma Blvd. #205
Gonzales, LA 70737-3631
(225) 621-5780
ASSUMPTION
P. O. Box 578
Napoleonville, LA 70390-0578
(985) 369-7347

AVOUELLES

312 N. Main St. #E
Marksville, LA 71351-2409
(318) 253-7129

BEAUREGARD

P. O. Box 952
DeRidder, LA 70634-0952
(337) 463-7955

BIENVILLE

P. O. Box 697
Arcadia, LA 71001-0697
(318) 263-7407

BOSSIER

P. O. Box 635
Benton, LA 71006-0635
(318) 965-2301

CADDO

P.O. Box 1253
Shreveport, LA 71153-1253
(318)226-6891

CALCASIEU

1000 Ryan St. #7
Lake Charles, LA 70601-5250
(337)437-3572

CALDWELL

P. O. Box 1107
Columbia, LA 71418-1107
(318) 649-7364

CAMERON

P. O. Box 1
Cameron, LA 70631-0001
(337) 775-5493
CATAHOULA
P. O. Box 215
Harrisonburg, LA 71340-0215
(318) 744-5745

CLAIBORNE

507 W. Main Suite 1
Homer, LA 71040-3914
(318) 927-3332

CONCORDIA

4001 Carter St. #4
Vidalia, LA 71373-3021
(318) 3367770

DESOTO

105 Franklin St.
Mansfield, LA 71052-2046
(318) 872-1149

E. BATON ROUGE

222 St. Louis #201
Baton Rouge, LA 70802-5860
(225) 389-3940

E. CARROLL

P. O. Box 708
Lake Providence, LA 71254-0708

(318) 559-2015

E. FELICIANA

P. O. Box 488
Clinton, LA 70722-0488
(225) 683-3105

EVANGELINE

200 Court St. Ste. 102
Ville Platte, LA 70586-4463
(337) 363-5538

FRANKLIN

Courthouse
6560 Main St.
Winnsboro, LA 71295-2750
(318) 4354489

GRANT

Courthouse
200 Main St.
Colfax, LA 71417-1828
(318) 627-9938

IBERIA

300 S. Iberia St. #110
New Iberia, LA 70560-4543
(337) 369-4407

IBERVILLE

P. O. Box 554
Plaquemine, LA 70765-0554
(225) 687-5201

JACKSON

500 E. Court St. #102
Jonesboro, LA 71251-3400
(318) 259-2486

JEFFERSON

P. O. Box 10494
Jefferson, LA 70181-0494
(504) 736-6191

JEFFERSON DAVIS

302 N. Cutting Ave.
Jennings, LA 7054-65361
(337) 824-0834

LAFAYETTE

1010 Lafayette #313
Lafayette, LA 70501-6885
(337) 291-7140

LAFOURCHE

307 W. 4th St. #101
Thibodaux, LA 70301-3105
(985) 447-3256

LASALLE

P. O. Box 2439
Jena, LA 71342-2439
(318) 992-2254

LINCOLN

100 W. Texas Ave.
Ruston, LA 71270-4463
(318) 251-5110

LIVINGSTON

P. O. Box 968
Livingston, LA 707540968
(225) 686-3054

MADISON

100 N. Cedar St.
Tallulah, LA 71282-3892
(318) 574-2193

MOREHOUSE

129 N. Franklin
Bastrop, LA 71220-3815
(318) 281-1434

NATCHITOCHES

P. O. Box 677
Natchitoches, LA 71458-0677
(318) 357-2211

ORLEANS

1300 Perdido #1W23
New Orleans, LA 70112-2127
(504) 658-8300

OUACHITA

122 St John St #114
Monroe, LA 71201-7342
(318) 3271436

PLAQUEMINES

P. O. Box 989
Port Sulphur, LA 70083-0989
(504) 564-6957

POINTE COUPEE

211 E. Main St.
New Roads, LA 70760-3661
(225) 638-5537

RAPIDES

701 Murray St.
Alexandria, LA 71301-8099
(318) 473-6770

RED RIVER

P. O. Box 432
Coushatta, LA 71019-0432
(318) 932-5027

RICHLAND

P. O. Box 368
Rayville, LA 71269-0368
(318) 728-3582

SABINE

400 Capitol St. #107
Many, LA 71449-3099
(318) 256-3697

ST. BERNARD

8201 W. Judge Perez Rm. 104
Chalmette, LA 70043-1696
(504) 278-4231

ST. CHARLES

P. O. Box 315
Hahnville, LA 70057-0315
(985) 783-2731

ST. HELENA

P. O. Box 543
Greensburg, LA 70441-0543
(225) 222-4440

ST. JAMES

P. O. Box 179
Convent, LA 70723-0179
(225) 562-2330

ST. JOHN

1801 W. Airline Hwy
LaPlace, LA 70068-3344
(985) 652-9797

ST. LANDRY

P. O. Box 818
Opelousas, LA 70571-0818
(337) 948-0572

ST. MARTIN

Courthouse
415 S. Martin St.
St. Martinville, LA 70582-4549
(337) 394-2204

ST. MARY

500 Main St. #301
Franklin, LA 70538-6144
(337) 828-4100

ST. TAMMANY

701 N. Columbia St.
Covington, LA 70433-2709
(985) 809-5500

TANGIPAHOA

P. O. Box 895
Amite, LA 70422-0895
(985) 748-3215

TENSAS

P. O. Box 183
St. Joseph, LA 71366-0183
(318) 766-3931

TERREBONNE

P. O. Box 9189
Houma, LA 70361-9189
(985) 873-6533

UNION

P. O. Box 235
Farmerville, LA 71241-0235
(318) 368-8660

VERMILION

100 N. State St. #120
Abbeville, LA 70510
(337) 898-4324

VERNON

P. O. Box 626
Leesville, LA 71496-0626
(337) 239-3690

WASHINGTON

Courthouse Bldg.
900 Washington St.
Franklinton, LA 70438
(985) 839-7850

WEBSTER

P. O. Box 674
Minden, LA 71058-0674
(318) 377-9272

W. BATON ROUGE

P. O. Box 31
Port Allen, LA 70767-0031
(225) 336-2421

W. CARROLL

P. O. Box 71
Oak Grove, LA 71263-0071
(318) 428-2381

W. FELICIANA

P. O. Box 2490
St. Francisville, LA 70775-2490
(225) 635-6161

WINN

Courthouse Room 105
Winnfield, LA 71483-3238
(318) 628-6133

OFFICIAL USE ONLY**Address Change**

Name Change

Party Change

Remarks

Circle One: PA MV RG SDA SS

Received by: _____

PLACE IN AN ENVELOPE AND MAIL TO YOUR
REGISTRAR OF VOTERS

USE THIS FORM TO: 1) register to vote 2) change your address 3) request a name change 4) change party affiliation

TO REGISTER TO VOTE AND BE ELIGIBLE TO VOTE YOU MUST: 1) be a United States citizen 2) be at least 17 years old to register but must be 18 years old to vote 3) not be under an order of imprisonment for conviction of a felony 4) not be under a judgment of full interdiction or limited interdiction where your right to vote has been suspended 5) reside in the state and parish in which you seek to register and vote.

INSTRUCTIONS FOR COMPLETING THIS FORM: All information except your signature should be printed clearly in ink, preferably black, or typed. Fill in all boxes that apply to you.

Box 1: Indicate whether you are a citizen of the United States of America. Indicate whether you will be 18 years of age on or before election day.

Box 2: Provide full name. Do not use initials for middle or maiden name.

Box 3: 'Residence Address' means the address where you live and are registering to vote. If you claim a homestead exemption, you must list the address of that residence. Do not use a post office box for your 'Residence Address'. If you use a rural route and box number, draw a map in the space labeled 'Give Location.' Write in the names of the crossroads (streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores or landmarks near where you live and write the name of the landmark. Check the box provided if mail is not delivered to your residence address by the post office. Complete 'Mailing Address' only if it is different from the 'Residence Address' or if mail is not delivered to your residence address.

Box 4: Provide your age.

Boxes 6 & 14: You must provide your Louisiana driver's license number, if issued. If not issued, you must provide at least the last four digits of your social security number, if issued. The full social security number may be provided on a voluntary basis. If neither a social security number nor a Louisiana driver's license number has been issued, and this form is submitted by mail, and you are registering to vote for the first time, in order to avoid additional identification requirements for first time voters, attach either a) a copy of a current and valid photo identification or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

Boxes 8, 12 & 13: The items 'race/ethnic origin', 'home phone' and 'daytime phone' are not required but are helpful.

Box 9: If you do not complete this item, your party affiliation will be listed as 'none', unless you are presently registered with a party affiliation and no change is being made today. If you are not registering with a political party, circle 'none'. The recognized political parties are Democrat, Green, Libertarian, Reform and Republican or you may specify any other party affiliation.

Box 18: If you are using this form to request a change of name, you must print the name to be changed here.

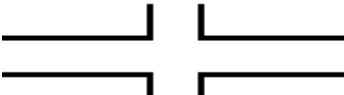
Box 19: Date and sign the card with your signature or mark.

If returned by mail, place in an envelope and mail to the appropriate registrar of voters at the address found on the reverse side of this card. If you have not been issued a social security number or Louisiana driver's license number, you must mail the required documentation with your application. Your application or envelope must be postmarked 30 days prior to the first election in which you seek to vote based on the residence listed on this application.

NOTE: 1. If you decline to register to vote, this fact will remain confidential and will be used only for voter registration purposes. If you register to vote, the office where your application was submitted will remain confidential and will be used only for voter registration purposes. 2. Your social security number will also remain confidential and is intended to be used for voter registration purposes only.

QUESTIONS? Call your Parish Registrar of Voters OR call the Department of State at 1-800-883-2805 or (225) 922-0900.

COMPLETE AND CHECK ALL APPLICABLE BOXES AND TEAR ALONG PERFORATED LINE BEFORE MAILING.

LOUISIANA MAIL VOTER REGISTRATION APPLICATION FORM #04				OFFICIAL USE ONLY COMP REG # _____ Reg Type _____ Wd/ Dist _____ Pct _____ In _____ Out _____			
1 Are you a citizen of the United States of America? YES <input type="checkbox"/> NO <input type="checkbox"/> Will you be 18 years of age on or before election day YES <input type="checkbox"/> NO <input type="checkbox"/> If you checked no in response to either of these questions, DO NOT COMPLETE THIS FORM.							
2 NAME OF APPLICANT (PLEASE PRINT NAME) LAST _____ First _____ FULL MIDDLE OR MAIDEN _____						GIVE LOCATION 	
3 RESIDENCE ADDRESS (MUST BE ADDRESS WHERE YOU CLAIM HOMESTEAD EXEMPTION, IF ANY) HOUSE OR APT. NO. & STREET _____ CITY OR TOWN _____ STATE _____ ZIP _____							
IF NO mail delivery to residential address, check here: () _____ MAILING ADDRESS IF DIFFERENT _____							
4 AGE _____	5 DATE OF BIRTH MONTH _____ DAY _____ YEAR _____		6 * SOCIAL SECURITY # (CIRCLE ONE) NO _____ YES # _____		7 SEX (CIRCLE ONE) MALE _____ FEMALE _____		8 ** RACE/ ETHNIC ORIGIN (CIRCLE ONE) WHITE _____ BLACK _____ ASIAN _____ HISPANIC _____ AMER. INDIAN _____ OTHER: _____
9 PARTY AFFILIATION (CIRCLE ONE) DEM GRN LBT RFM REP NONE OTHER (SPECIFY) _____				10 APPLICANTS'S PLACE OF BIRTH CITY OR TOWN _____ PARISH OR COUNTY _____ STATE _____ COUNTRY _____			11 MOTHERS MAIDEN NAME _____
12 ** HOME PHONE _____			13 ** DAYTIME PHONE _____		14 LA DRIVERS LICENSE / I.D. # (CIRCLE ONE) NO _____ YES # _____		15 Will you require assistance at the polls? (CIRCLE ONE) NO YES IF YES, GIVE REASON _____
16 LAST RESIDENCE ADDRESS ADDRESS _____			17 PLACE OF REGISTRATION PARISH OR COUNTY _____ STATE _____		18 FOMER REGISTERED NAME, IF APPLICABLE _____		
AFFIRMATION : I do hereby solemnly swear or affirm that I am a United States citizen, that I am at least 17 years old, that I am not currently under an order of imprisonment for conviction of a felony, that I am not currently under a judgment of full interdiction or limited interdiction where my right to vote has been suspended, that I am a bona fide resident of this state and parish, and that the facts given by me on this application are true to the best of my knowledge and belief. If I have provided false information, I may be subject to a fine of not more than \$1,000 (\$2,500 for subsequent offense) or imprisonment for not more than 1 year.							
19 SIGN YOUR NAME IN BOX AT RIGHT DATE: _____ / _____ / _____							
20 IF YOU ARE UNABLE TO SIGN YOUR NAME, TWO WITNESSES TO YOUR MARK MUST SIGN HERE WITNESS SIGNATURE _____ WITNESS SIGNATURE _____							
* Last 4 digits of the social security number required if no LA driver's license issued; social security number is intended to be used for voter registration purposes only Full # Optional ** OPTIONAL LR-1M (REV. 1/11, 7/11) R.S. 18:104 FORM #04							